



RAVICTI PA SUMMARY

PREFERRED	Buphenyl (sodium phenylbutyrate [PBA])
NON-PREFERRED	Ravicti (glycerol phenylbutyrate) oral liquid

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for members 2 years or older with urea cycle disorder (UCD) unable to be managed by dietary protein restriction and/or amino acid supplementation alone

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to Buphenyl.
- ❖ In addition, Ravicti must be used along with dietary protein restriction.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.